

APPLICATION Form

CHAPLAINCY (Professional Visitor or Community Volunteer)



Please include a **CLEAR** photo copy of your current valid driver's license or a copy of any current valid photo identification document with this application.
PLEASE WRITE CLEARLY AND COMPLETE ALL INFORMATION.

FOR OFFICIAL USE ONLY	ID	Update
Communication		
Weekly Schedule		
Individual Visits		
Availability		

A. GENERAL INFORMATION

Last Name _____
First Name _____ Middle Name(s) _____
Social Security number _____
Drivers License number _____
Address _____
City _____ State _____ Zip _____
Cell Phone _____ Home Phone _____
Email _____
Date of Birth (mmm dd yyyy) _____ Gender _____
Marital Status _____ Race _____
Spouse's Full Name _____
Children Names and Dates of Birth _____

B. EDUCATION

High School _____
Grade Completed _____ Year _____ GED (yes/no) _____
Last College/University attended _____
Highest Qualification _____

C. EMPLOYMENT

Occupation _____
Employer _____ Phone _____

D. AFFILIATION

Organization / Church _____
Address _____
City _____ State _____ Zip _____
Contact Person / Group Leader _____ Phone _____

E. REFERENCE (Please provide us with a non-family member reference)

Full Name _____
Address _____
City _____ State _____ Zip _____
Cell Phone _____ Home Phone _____
Work Phone _____ Email _____

F. BACKGROUND

1. If you answer **yes** on any of the following questions, please provide the **question number, when, where, reason,** and **duration** in the space provided below this question.

- a. Have you ever been incarcerated? No ___ Yes ___
- b. Have you ever worked with inmates at other Correctional Facilities? No ___ Yes ___
- c. Did you ever have any friends or relatives incarcerated? No ___ Yes ___

2. Are you on probation or parole? No ___ Yes ___
 If yes, please provide: what agency:

3. Did you ever have any friends or relatives who are/were victims of an inmate incarcerated at Chester County Prison?
 No ___ Yes ___
 If yes, please provide: when

full name of individual

full name of inmate

4. What do you hope to achieve by volunteering your time and services to the inmate population at Chester County Prison?

I understand that failure to complete any portion of this application and/ or the supplying of any false inaccurate information may result in denial of this application. I hereby agree to abide by all rules and regulations governing my service as a volunteer at the Chester County Prison. I have read and fully understand all sections of the **GUIDELINES FOR ALL VISITORS IN CORRECTIONS**. I also understand that visitors are not permitted to perform professional services unless certified or licensed to do so. The responsibility of visitors to conduct themselves as a positive role model has been explained. I agree with the Chester County Prison Policy of discontinuing and immediate termination of participation by any visitor whose direct or perceived behavior is determined to be harmful to the Visitors Program and or the Institution. **Applications will EXPIRE 3 years from the approval date.**

print full name

signature

date(mmm dd yyyy)

FOR OFFICIAL USE ONLY				
NCIC	CLEAN	JNET	WAMS	JMS
Treatment				approved / disapproved
Security				approved / disapproved